BEST AVAILABLE COPY

								Application or Docket Number						
	PATENT A	APPLICATIO Effect	IBM-209											
CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER	THAN	
			(Column	1)	(Colu	(Column 2)		TYPE [OR		MALL ENTITY	
TC	TAL CLAIMS		32					RATI	=	FEE		RATE	FEE	
FOR.			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			37 minus 20=		• 12			X\$ 9=		• . •	OR	X\$18=	2/6	
INC	EPENDENT CL	AIMS	minus 3 =		* 2			X40=			OR	X80=	160	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT			+135=			_		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	į	TOTA			OR	TOTAL	1086	
CLAIMS AS AMENDED - PART II									_ (1	OTHER	V	
		(Column 1)	(Column 2)			(Column 3))	SMALL ENTITY			OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9:	=		OR	X\$18=		
	Ind pendent	*	Minus	***	5 01 414	=		X40=			OR	· X80=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENI	CLAIM		ا ا	+135=	_		OR	+270=		
								ТОТ				TOTAL		
	,	(Column 1) (Column 2) (Column 3)						ADDIT. F	tt I			ADDIT. FEE		
AMENDMENT B		CLAIMS		HIGH	EST		٦ r		П	ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**	, <u>.</u>	=]	X\$ 9=	=		OR	X\$18=	i.	
	Independent	*	Minus	***		=		X40=			OR	X80=		
· .	FIRST PRESE	NTATION OF MU	JLTIPLE DEPENDENT CL				┚╽	+135=			OR	+270=		
							L	TOT	AL			TOTAL		
		(Column 1) (Column 2) (Column 2)				(Column 3)		ADDIT. FI	EE L		, ,	ADDIT. FEE		
AMENDMENT C		CLAIMS		HIGH	IEST		1 г	·	7	ADDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATI			TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=]	X40=	7			X80=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┪		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR.	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
		mber Previously Pa ber Previously Pai								ropriate box	in col	umn 1.	:	